

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/857845 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32	1					
33		1				
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45		1				
46						
47		1				
48			1			
49						
50						
TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					

51	1	IND.	DEP.	IND.	DEP.	IND.	DEP.
52	1						
53	1						
54	1						
55	1						
56	1						
57	1						
58	1						
59	1						
60	1						
61	1						
62	1						
63	1						
64	1						
65	1						
66	1						
67	1						
68	1						
69	1						
70	1						
71	1						
72	1						
73							
74							
75							
76							
77							
78							
79							
80							
81							
82							
83							
84							
85							
86							
87							
88							
89							
90							
91							
92							
93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							